|   |  |  |                  |                                |              |                  |            | Application or Docket Number |          |                        |            |                     | nber                   |
|---|--|--|------------------|--------------------------------|--------------|------------------|------------|------------------------------|----------|------------------------|------------|---------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECO<br>Effective October 1, 2003  |  |  |                  |                                |              |                  |            |                              | /        | 0/                     | <u>)/:</u> | 379                 | 2                      |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |  |                  |                                |              |                  |            | SMALL<br>TYPE                | . EN     | TITY                   | OR         | OTHER<br>SMALL      |                        |
| TOTAL CLAIMS  |  |  | 37               |                                | -            |                  | ŀ [        | RATE FEE                     |          | 7                      | RATE       | FEE                 |                        |
| FOR   |  |  | NUMBER FILED     |                                | NUMB         | NUMBER EXTRA     |            | BASIC F                      | FEE      | 385.00                 | OR         | BASIC FEE           | 770.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |  | 3/minus 20=      |                                | · 7)         |                  |            | X\$ 9=                       |          | OR                     | X\$18=     | 198                 |                        |
| INDEPENDENT CLAIMS  |  |  | 5 minus 3 =      |                                | · 2          |                  |            | X43=                         |          | OR                     | X86=       | 172                 |                        |
| MU  | LTIPLE DEPEN                                   | NDENT CLAIM PE                               | RESENT           |                                |              |                  |            |                              | +145=    |                        | OR         | +290=               | 1/0                    |
| * If  | the difference                                 | in column 1 is                               | less than ze     | zero, enter "0" in column 2    |              |                  | Į          | TOTAL                        |          | OR                     | L          | 1240                |                        |
| CLAIMS AS AMENDED - PART II   |  |  |                  |                                |              |                  |            | ,                            | "L       |                        | ]          | OTHER               |                        |
|   |  | (Column 1)                                   | MENULL           | (Colur                         |              | (Column 3) SMALL |            |                              | L E      | NTITY                  | OR         | SMALL               |                        |
| NTA   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT    |                  | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA |            | RATE                         |          | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |
| DME   | Total  | + 23   | Minus            | -3                             |              | = /              |            | X\$ 9=                       |          |                        | OR         | X\$18=              |                        |
| AMENDMENT   | Independent                                    | . 3  | Minus            | ***                            | 5            | =                | <b>]</b>   | X43=                         |          |                        | OR         | X86=                |                        |
| ٩   | FIRST PRESE                                    | NTATION OF MU                                | JLTIPLE DEF      | PENDENT                        | CLAIM        |                  | <b>!</b>   | +145=                        |          | <i>f</i>               | 1          | #290=               |                        |
| •   |  |  |                  |                                |              |                  |            | TØT.                         | AL       |                        | OR OR      | TOTAL               |                        |
|   |  |  | DDØ. FI          | EE <b>L</b>                    |              | <b>_</b>         | ADDIT. FEE |                              |          |                        |            |                     |                        |
|   | <del></del>                                    | (Column 1)<br>CLAIMS                         |                  | (Colur                         | EST          | (Column 3)       | 1 [        |                              | Т        | ADDI-                  | 7          |                     | ADDI-                  |
| NT B  |  | REMAINING<br>AFTER<br>AMENDMENT              |                  | PREVIO<br>PAID                 | OUSLY        | PRESENT          |            | RATE                         | :   i    | TIONAL                 |            | RATE                | TIONAL<br>FEE          |
| AMENDMENT   | Total  |  | Minus            | **                             |              | =                | 1 [        | X\$ 9=                       |          |                        | OR         | X\$18=              |                        |
| MEN   | Independent                                    | •  | Minus            | ***                            |              | =                | ]          | X43=                         | 1        |                        | OR         | X86=                |                        |
| ٩   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                  |                                |              |                  |            |                              | $\dashv$ |                        | 1          |                     |                        |
|   |  |  |                  |                                |              | •                | L          | +145=                        |          | ·                      | OR         | +290=<br>TOTAL      |                        |
|   |  |  |                  |                                |              |                  | A          | TOTA<br>DDIT. FE             |          |                        | OR         | ADDIT. FEE          |                        |
|   |  | (Column 1)                                   |                  | (Colun                         |              | (Column 3)       | 1 _        |                              |          | <del> </del>           | <b>,</b> , |                     |                        |
| AMENDMENT C   | `  | REMAINING<br>AFTER<br>AMENDMENT              |                  | NUMI<br>PREVIO                 | BER<br>DUSLY | PRESENT<br>EXTRA |            | RATE                         |          | ADDI-<br>FEE_          |            | RATE                | ADDI-<br>TIONAL<br>FEE |
| DME   | Total  | *  | Minus            | **                             |              | =                | 1 [        | X\$ 9=                       |          |                        | OR         | X\$18=              |                        |
| MEN   | Independent                                    | •  | Minus            | ***                            |              | =                | ]          | X43=                         | 十        |                        | OR         | X86=                |                        |
| ۷   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |                  |                                |              |                  |            |                              | -        |                        | 1          |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, writ "0" in column 3.  |  |  |                  |                                |              |                  |            |                              |          |                        | OR         | +290=               | ·                      |
| * If the entry in column 1 is less than the entry in column 2, writ "0" in column 3.  **If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **ODIT. FEE |  |  |                  |                                |              |                  |            |                              |          | •                      | OR         | TOTAL<br>ADDIT. FEE | L                      |
| <del></del> ,   | I the "Highest Num                             | imber Previously Paid<br>her Previously Paid | d For" (Total or | r independi                    | ent) is the  | highest numbe    | er four    | nd in the                    | appr     | opriate bo             | ox in coi  | lumn 1.             |                        |